Newly Elected SNA Board

This year at the Nursing Research Conference, the new officers for the 2004-2005 school year were announced. The new board is already preparing to serve the College of Nursing. They are as follows:

President: Megan Harr
1st VP: Lynn Su
2nd VP/1st SAC Rep: Aimee Sherwood
Secretary: Alice Jensen
Treasurer: Shauna Tuft
Membership Director: Zara Ulikhanyan
Activities Director: Amy Distelhorst
Publicity Director: April English
Service Director: Amanda Hadley
Newsletter Editor: Ashley Gillette
2nd SAC Representative: Shalece Kofford
SARC Representative: Ethel Tovar

The new board will take over Fall semester and recently attended the NSNA conference in Nashville, Tennessee. There they attended nursing lectures and seminars as well as spent some time getting to know each other better.

Thanks to the old board members who have served the College of Nursing and its students in the past year and good luck to the new.

The new SNA board posing in Nashville.
Announcements

April 12, 2004—Riley Michelle is due to Jennifer and John Wagner.

April 22, 2004—Tressa Ricks and Justin Stoddart are getting married in the Salt Lake Temple.

April 23, 2004—Brittani Wagner will marry Richard Hamilton in the Oakland, CA Temple.

April 30, 2004—Heidi Witt will become Mrs. Jared Stewart in the Mt Timpanogus Temple.

May 1, 2004—Jamie Peterson will be married to her sweetie, Ryan Giles in the St. Louis, Missouri Temple.

May 29, 2004—Stephanie Davis and Zachary Anderson will marry in the Salt Lake Temple.

May 29, 2004—Cami and Jacob Perry are expecting a baby. (It will be a surprise whether it is a boy or girl.)

June 14, 2004—Jessica and John Alldrege are expecting a son, Spencer.

June 26, 2004—Heather Winfield will marry her high school sweetheart, Alan Buzbee, in the Provo Temple.

August 20, 2004—Jill Spongberg and Paul Tanner are getting married in the San Diego Temple.

You Think No One Sees

You think no one sees, you think no one cares

You think no one understands the wear and tear.

That mess you cleaned, the mistakes you endured

Seem to outweigh the help you gave and those you cured.

What difference have you made? Perhaps you don’t know,

That your smile gave someone the strength to get up and go.

And nothing beats the brightening of a gloomy face,

It’s then and there you know you’re in the right place.

We have so much to learn, our education will never cease,

May it bring joy to your heart and to your soul, peace.

So round and round this circle goes,

This tale of happiness along with the occasional woe.

And who knows what the future will contain,

Even the mustard seed, though just a tiny grain,

Sprouted to a fruitful tree,

And so must we bloom and grow,

Our potential just a tiny seed.

We have work to do and things to know.

You think no one sees, you think no one cares?

I guarantee we are priceless and precious beyond compare.

—Rebecca Goring, 1st Semester

A Secret to Saving the Sanity of Out of Control Patients...And Yours

Yesterday my nurse and I got floated down to the Respiratory Intensive Care Unit (commonly known as RSCU, nurse nickname: Rescue). We all know what happens when you get floated — you get an intellectually easier patient that has, shall we say, OTHER issues. In this case, the expectation held true. The relief on the face of the previous shift’s nurse made my heart sink. I had been hoping for a good learning day — filled with critically ill patients with every type of equipment attached to them as possible. During report the other nurses around us giggled and threw in their own comments about the patient I was receiving. (This is not a good sign.) I thought to myself, “No! Not another day of babysitting while my preceptor plays on the Internet!”

Here’s the background of my patient. He and his wife were on their way to St. George for a doctor’s appointment to evaluate the function of his heart. They got in a terrible accident in which...
freeway 14 times. His wife was killed instantly. He suffered head, neck, and back injuries and was life-flighted to the hospital, where he had been for the past few weeks. He had had 2 surgeries fusing broken vertebrae and repairing the trauma to his head. The patient developed pneumonia and was placed in the RSCU. Due to his head injury he was confused and had pulled out his PICC line once and his NJ tube three times. He had not slept for the past 5 days; it was reported that he suffered mood swings, and had to be restrained for trying to swing at and kick his nurses. One nurse said, ‘He asked me for a pair of scissors. When I asked what he needed scissors for, he told me he needed them to stab me in the throat.’

Okaaay, I thought. After report I went in to assess my patient. I flushed his PICC line, hung his IV antibiotic, and pushed a whole bunch of meds down his NJ tube. So far, so good. Vital signs: stable. Patient’s mood: pleasant. Respiratory condition: piece of cake. The respiratory therapist was doing all of his respiratory treatments. I flipped on the TV and let him watch the news for a little while. I let him hold my hand for a while till he slipped into a little nap. What were all these other nurses talking about? This dude was, knock on wood, easy.

My sense of comfort was short lived. At 8:00, only two hours into the shift, the patient evolved into an absolute nursing nightmare. It started slowly, with him wanting to get up into his wheelchair, back in bed after only sitting in it for 5 minutes, wanting food, wanting to go home, wanting to get up to go to the bathroom, going back to bed again, sobbing his brief right after I had just cleaned him up. At this point I was hoping he would fall asleep soon. At this point he was still pleasant and cooperative. Although I had to keep reorienting him and reexplaining that he couldn’t eat and that he couldn’t go home, he seemed to accept the information and fell in and out of short naps lasting approximately 10 minutes each. At one point he fell asleep for 2 hours.

It seems logical that people get in better moods after they have a nap. But in my patient’s case, it was the complete opposite. Murphy’s law had taken over! He was angry that he couldn’t eat, swore at me when I explained for the fifteenth time that he was too sick to go home, and cussed me out when I refused to remove his restraints because he kept trying to pull out his NJ tube, his PICC line, and all other respiratory treatments he was receiving. He tried to kick me, so I had to restrain his legs to his bed in addition to his arms. Then he developed diarrhea. I think he developed it just to spite me. Eventually he became so out of control that we had to give him a sedative injection. As my luck would have it, this drug did almost nothing to him. After 5 days of sleeping pills and sedatives, the man still never fell asleep. His diarrhea got worse. He did stop trying to kick me, so I removed the restraints from his legs. I helped him up to the commode again, which he missed and soiled his sheets and the floor. I changed the bed for the third time that day. I cleaned him up, and let him sit in his wheelchair for a little while. Then I helped him into bed again. He started to close his eyes. Hallelujah!

But I was getting smart. I knew he hated his restraints. I knew if I refastened them that he would only nap for 5 minutes before getting angry. So I tried a new strategy. Deep down I drew the strength to be patient and caring. I covered him with a sheet and blanket, adjusted the pillows behind his neck and placed more under his arms. Leaving him unrestrained, I sat in his wheelchair and watched him fall asleep. It worked! He slept like a baby for an hour. I did some charting in his room while he slept, and when he woke up again and saw that I was still there, he acted very pleasantly toward me. He even joked around for a few minutes. Then right before shift change he forgot everything that had been accomplished and started asking why he couldn’t eat or leave the unit again. He got mad and had to be restrained again so I could give report.

I gave the same nurse who had him the night before the secret I had discovered. He needed to feel safe and secure if he was going to relax and sleep. He needed another person in the room to watch over him and provide comfort and companionship. He was disturbed by the loss of his wife, and felt more vulnerable when he was restrained. Having someone he could trust was the key to his relaxation and cooperation. Even though his mind had been damaged and his memory was not intact, he still needed to know he had someone to trust.

After I left the hospital that day, I realized that this man was demonstrating a very real need that is often times overlooked by not only nurses, but society at large. People need someone to trust. People need to know they are safe. People need the companionship of other humans. Being attached to several machines in a hospital is scary, and when memory is lost, all the explanations and reorientations in the world can never replace the emotional comfort that is achieved when trusting companionship is available. In life we all need to know that we are safe and protected. No amount of technology can replace the touch of a human being. Nurses must give it to their patients. We must give it to each other. —Jessica Parker, Nurs 490
BYU COLLEGE OF NURSING HOODIES
Ahoy, me maties. If ye be wantin a great grand hooded sweatshirt 'fore ye go on the account and be returnin' for school in the end o' piratin' season, ye best be making haste! These savvy pieces o' garb come in navy or white wi' the brand of yer schoolin' on the port side. They be fine fer sprogs an' bucuneers alike. Take yer pieces o' eight and a message send ye to our matey Natalie, who be a privateer goin' about this task wi' a wannion. Tell her yer girth an' the color ye be wantin'. Y'arr, this here be yer last chance to obtain this here booty before the tides turn.

For those of you who need to brush up on your pirate speak, here's a rough translation: This is your last chance to get hoodies before fall semester. If you want one you need to email Natalie Williams at njn8@email.byu.edu by Friday Apr 16th. Tell her what size and color you want. They're $20 each. The price will go up to $25 in the Fall.

Professionalism Conference Talent Show
Applications are being accepted for the talent show in conjunction with the fall professionalism conference. Last year we saw an awesome display of talent from the college of nursing, and we can do it again this year. If you're interested in performing or displaying a talent, fill out an application and give it to Roseanne Jarrett in the Nursing Research Center. We need to know what your talent is and any equipment that will be necessary (piano, cd player, microphones, table, etc.)

Thank you to everyone who contributed to this edition of the Stethoscoop. I have really enjoyed working on the newsletter this past year and really appreciated everyone's help. But it is time for me to pass on the torch.—Heather Winfield, SNA Newsletter Editor

E-mail comments, announcements and submissions to: stethoscoop@byu.edu